

ZM0572


PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher M. Meek)
Serial No. 10/750,439)
Filed: December 31, 2003)
For: OFFSET ORTHOPAEDIC)
DRIVE AND METHOD)
Art Unit: 3739)
Examiner: Unknown)

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June 17, 2005
Date


Registration No. 41,017
Attorney for Applicants

STATUS INQUIRY LETTER

Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

Dear Sir:


The above-referenced patent application was filed on December 31, 2003. Since then, more than one and one-half years have elapsed, and no further communications have been received in regard to this application. The undersigned attorney respectfully requests that he be informed of the status of the referenced application.

The U.S. Patent and Trademark Office is respectfully requested to acknowledge receipt of the enclosed documents by date stamping and returning the enclosed post card.

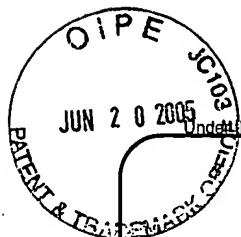
We look forward to receiving notice of the status of this application as soon as possible.

Respectfully submitted,
ZIMMER TECHNOLOGY, INC.

By


Jonathan D. Feuchtwang
Registration No. 41,017

June 17, 2005
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number 10/750,439

Filing Date December 31, 2003

First Named Inventor Christopher M. Meek

Art Unit 3739

Examiner Name Unknown

Attorney Docket Number ZM0572

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Return Receipt Post Card | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Jonathan D. Feuchtwang, Reg. No. 41,017

Signature

Date

June 17, 2005

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Denise Moani Nelson

Signature

Date

June 17, 2005

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